

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 19 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">402087.22</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">337870.17</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">69968.13</span>	<span style="border: 1px solid black; padding: 2px;">206154.92</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">407838.30</span>	<span style="border: 1px solid black; padding: 2px;">608242.14</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">24141.03</span>	<span style="border: 1px solid black; padding: 2px;">224544.87</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">383697.27</span>	<span style="border: 1px solid black; padding: 2px;">383697.27</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 05 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y  
 05 / 31 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

44136.39

139922.42

(ii) Unitemized .....

20831.74

57396.84

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

64968.13

197319.26

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

64968.13

197319.26

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

1335.66

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

5000.00

7500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

69968.13

206154.92

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

69968.13

206154.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	641.03	2326.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	641.03	2326.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	221500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	718.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	718.33
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24141.03	224544.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24141.03	224544.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	64968.13	197319.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	64968.13	196600.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	641.03	2326.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1335.66
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	641.03	990.88

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Amended to address computer error that created duplicate donation entries.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Susan Elizabeth Aycock MD**

Mailing Address 9605 Red Hill Rd

City

Clarkton

State

NC

Zip Code

28433-8231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SERMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2013

Transaction ID : C2325903

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jennifer Bacani McKenney MD**

Mailing Address 1525 Madison St Ste 3

City

Fredonia

State

KS

Zip Code

66736-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 01 / 2013

Transaction ID : C2322375

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Justin V Bartos MD**Mailing Address 4300 Cagle Dr  
Ste 200

City

North Richland Hills

State

TX

Zip Code

76180-8380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Hills Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2013

Transaction ID : C2337405

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

657.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. D Michael Michael Baxter MD**

Mailing Address 301 S 7Th Ave Ste 200

City State Zip Code  
 West Reading PA 19611-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Reading Hospital & Medical Center

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 16 / 2013

**Transaction ID : C2331572**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Esther Rebecca Beal-Landis MD**

Mailing Address 36 Yorktown St Nw

City State Zip Code  
 Concord NC 28025-4931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 U. S. Navy

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 31 / 2013

**Transaction ID : C2339870**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Rebekah Ann Bernard MD**

Mailing Address 19481 Devonwood Cir

City State Zip Code  
 Fort Myers FL 33967-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Collier Health

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : C2325862**

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1265.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Salvatore Bernardo Md Bernardo MD**

Mailing Address 131 Pin Oak Rd

City

Freehold

State

NJ

Zip Code

07728-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2013

Transaction ID : C2322371

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kenneth Robert Bertka MD**

Mailing Address 8533 Castle Oaks Pl

City

Holland

State

OH

Zip Code

43528-9231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Partners

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2013

Transaction ID : C2325372

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Vicki M Bertka MD**

Mailing Address 8533 Castle Oaks Pl

City

Holland

State

OH

Zip Code

43528-9231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospice of Northwest Ohio

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2013

Transaction ID : C2325373

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Reid B Blackwelder MD**

Mailing Address 4407 Leedy Rd  
201 Cassel Dr

City Kingsport State TN Zip Code 37664-2117

FEC ID number of contributing federal political committee.

C

Name of Employer

Quillen College of Medicine

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : C2327876

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ellen Sandra Brull MD**

Mailing Address 830 Arbor Ln

City Glenview State IL Zip Code 60025-3234

FEC ID number of contributing federal political committee.

C

Name of Employer

Family Medicine Associates of Lutheran

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2326011

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**c. Mary F Campagnolo MD**

Mailing Address 1561 Route 38 Ste 6

City Lumberton State NJ Zip Code 08048-2939

FEC ID number of contributing federal political committee.

C

Name of Employer

Virtua Medical Group, Marlton NJ

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 23 / 2013

Transaction ID : C2337406

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Samuel L Church MD, MPH**

Mailing Address 120 River St

City

Hiawassee

State

GA

Zip Code

30546-3252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY  
05 / 01 / 2013

**Transaction ID : C2322376**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Cecilia Ann Collins MD**

Mailing Address 383 N Roscoe Blvd

City

Ponte Vedra Beach

State

FL

Zip Code

32082-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cecilia A Collins M.D. P.A.

Occupation

Family physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2013

**Transaction ID : C2325986**

Amount of Each Receipt this Period

470.00

Full Name (Last, First, Middle Initial)

**C. Patrick J Connolly MD**

Mailing Address PO BOX 9746

City

Portland

State

ME

Zip Code

04104-5040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martin's Point Health Care

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY  
05 / 16 / 2013

**Transaction ID : C2331486**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard L Corson MD**

Mailing Address 5 Arlene Ct

City

Hillsborough

State

NJ

Zip Code

08844-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2013

Transaction ID : C2322363

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Eve Covas MD**

Mailing Address 3306 Highway 278 E

City

Hope

State

AR

Zip Code

71801-6132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cabun Rural Health Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325439

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steven A Crawford MD**

Mailing Address 900 NE 10th St

OU Physicians Family Medicine Cent

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1818.16

Date of Receipt

05 / 03 / 2013

Transaction ID : C2322619

Amount of Each Receipt this Period

454.54

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1204.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Alice Fairman Daniels**

Mailing Address 1135 W 69Th St

City

Chicago

State

IL

Zip Code

60621-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cook County Bureau of Health Hospital

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2013

Transaction ID : C2339897

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Dewayne P Darby MD**

Mailing Address 1810 Bishop Ave Ste A

City

Jefferson City

State

TN

Zip Code

37760-1997

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2013

Transaction ID : C2339889

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Janice E Daugherty MD**

Mailing Address 1 Heart Dr

City

Greenville

State

NC

Zip Code

27834-8943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Carolina University

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2013

Transaction ID : C2340080

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

665.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jose M David MD**

Mailing Address 804 Huntington Ct

City Albany State NY Zip Code 12203-6015

FEC ID number of contributing federal political committee.

C

Name of Employer  
St Peters Health Partners Medical Asso

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

05 / 25 / 2013

Transaction ID : C2337709

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

**B. Frank B Dibble MD**

Mailing Address PO BOX 519

City Rye Beach State NH Zip Code 03871-0519

FEC ID number of contributing federal political committee.

C

Name of Employer  
Veterans Administration

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2013

Transaction ID : C2331483

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Dennis M Dimitri MD**

Mailing Address 295 Lincoln St Ste 204

City Worcester State MA Zip Code 01605-3639

FEC ID number of contributing federal political committee.

C

Name of Employer  
UMass Memorial Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325879

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1151.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin J Donnelly MD**

Mailing Address 1904 Prairie Hill Rd

City

Saint Cloud

State

MN

Zip Code

56301-1924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Cloud Medical Group

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325890**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Scott R Dunn MD**

Mailing Address 1507 Northshore Dr

City

Sandpoint

State

ID

Zip Code

83864-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Health Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 21 / 2013

**Transaction ID : C2336432**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Jamal Fadul MD**

Mailing Address 8018 Wingate Dr

City

Glenn Dale

State

MD

Zip Code

20769-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Med-Ped Health Care LLC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2013

**Transaction ID : C2331470**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1065.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Patrick Fahey MD**

Mailing Address 291 S Drexel Ave

City

Bexley

State

OH

Zip Code

43209-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2013

**Transaction ID : C2339878**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Raja S Fattaleh**

Mailing Address PO BOX 333

City

Putnam

State

CT

Zip Code

06260-0333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Priorty Family Healthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325404**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Michael L Fessenden MD**

Mailing Address 702 Lake Ridge Dr

City

South Elgin

State

IL

Zip Code

60177-3296

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Home Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 22 / 2013

**Transaction ID : C2337145**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1015.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sarah Jane Fessler MD**

Mailing Address 44 Riverside Dr

City  
Riverside

State  
RI

Zip Code  
02915-4717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Bay Community Action Program

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325993**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. David Richard Field Field**

Mailing Address 2021 W Harbor Dr

City  
Bismarck

State  
ND

Zip Code  
58504-8913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stanford Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2013

**Transaction ID : C2339945**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City  
York

State  
PA

Zip Code  
17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

05 / 02 / 2013

**Transaction ID : C2329303**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lynn R Fisher**

Mailing Address 3103 Thunderbird Dr

City

State

Zip Code

Hays

KS

67601-1423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Lifeline Family Medicine

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2013

**Transaction ID : C2331474**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Brian K Fleming MD**

Mailing Address 1202 Buckland Dr

City

State

Zip Code

Fayetteville

NC

28312-8236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325899**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. S Gay Freeman MD**

Mailing Address 94 Morton Rd

City

State

Zip Code

South Chatham

MA

02659-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 31 / 2013

**Transaction ID : C2339865**

Amount of Each Receipt this Period

1100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1715.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Carolyn N Gaughan CAE**

Mailing Address E Dir KS AFP Bldg 1046 - C  
 7570 W 21st St N 1046C

City State Zip Code  
 Wichita KS 67205-1734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Academy of Family Physicians

Occupation

Chapter Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 16 / 2013

**Transaction ID : C2331475**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. David J Gavareski MD**

Mailing Address 1505 Lakeway PI

City State Zip Code  
 Bellingham WA 98229-5133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : C2325958**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **c. Deborah Geismar Md Geismar MD**

Mailing Address 822 Monroe St

City State Zip Code  
 Evanston IL 60202-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Associates of Lutheran

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 31 / 2013

**Transaction ID : C2339893**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roland Adolph Goertz MD**

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325954

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Gary B Grandle MD**

Mailing Address 9721 Lakeland Rd

City

Oklahoma City

State

OK

Zip Code

73162-7436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FGMA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325924

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Lynn S Gray MD**

Mailing Address 9875 Wildberry Ln

City

Berrien Springs

State

MI

Zip Code

49103-9154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EPMG

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2013

Transaction ID : C2331462

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Allan Gross MD**

Mailing Address 506 15th Ave NE

City

Saint Petersburg

State

FL

Zip Code

33704-4707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's Primary Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2013

**Transaction ID : C2331485**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 04 / 2013

**Transaction ID : C2324564**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Elvin C Irvin MD**

Mailing Address 555 E Cheves St

City

Florence

State

SC

Zip Code

29506-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.50

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2343282**

Amount of Each Receipt this Period

91.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

556.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James S Irwin MD**

Mailing Address 112 5Th Ave W

Family Care Physicians, P.A.

City

Jerome

State

ID

Zip Code

83338-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Care Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2013

**Transaction ID : C2325865**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Melissa Jefferis MD**

Mailing Address 1142 Worthington Woods Blvd

City

Columbus

State

OH

Zip Code

43085-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2013

**Transaction ID : C2325376**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Richard H Jones MD**

Mailing Address 106 W Howell Ave

City

Alexandria

State

VA

Zip Code

22301-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Durney Medical Services, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2013

**Transaction ID : C2325937**

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anne L Kittendorf MD**

Mailing Address 999 Marshall Lakes Dr

City State Zip Code  
Dexter MI 48130-8410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Michigan

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2013

**Transaction ID : C2331472**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Steven D Knight MD**

Mailing Address 103 Williams Dr

City State Zip Code  
Harrisburg IL 62946-3778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Primary Care Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325866**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. William Eric Kobler MD**

Mailing Address 6729 Millbrook Dr

City State Zip Code  
Rockford IL 61108-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF Healthcare Systems

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 31 / 2013

**Transaction ID : C2339869**

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Russell Wade Kohl MD**

Mailing Address 113 Park Ter

City State Zip Code  
Vinita OK 74301-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 01 / 2013

**Transaction ID : C2322365**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Peter J Koopman MD**

Mailing Address 1011 Sycamore Ln

City State Zip Code  
Columbia MO 65203-2962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Of Missouri

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2013

**Transaction ID : C2331478**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Anton J Kuzel MD**

Mailing Address PO Box 980251

City State Zip Code  
Richmond VA 23298-0251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Commonwealth University

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2013

**Transaction ID : C2331498**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 51  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Katherine R Lichtenberg DO, MPH**

Mailing Address 601 Nirk Ave

City  
Kirkwood

State  
MO

Zip Code  
63122-5626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 01 / 2013

**Transaction ID : C2322379**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Geoffrey L Loman MD**

Mailing Address 168 N Brent St Ste 502

City  
Ventura

State  
CA

Zip Code  
93003-2840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brent Street Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2013

**Transaction ID : C2339863**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Cathleen G London MD**

Mailing Address 440 W End Ave

City  
New York

State  
NY

Zip Code  
10024-5358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neil Cornell Medical College

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 01 / 2013

**Transaction ID : C2322366**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1615.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 51  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jesus A Manteca MD**

Mailing Address 1832 Weeg Way

City State Zip Code  
 Park Ridge IL 60068-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : C2325870**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Michael William Maples MD**

Mailing Address 1806 W Lincoln Ave

City State Zip Code  
 Yakima WA 98902-2473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : C2325959**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Lara D Mashek MD**

Mailing Address 4521 Gracelann

City State Zip Code  
 Shawnee OK 74804-2366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Saint Anthony Shawnee Hospital

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 01 / 2013

**Transaction ID : C2322372**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1105.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lee W McCallum MD**

Mailing Address 7248 Oakville Dr

City

Germantown

State

TN

Zip Code

38138-2075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Larry Thomas McClure MD**

Mailing Address 908 Wallace Ave Ste 103

City

Leitchfield

State

KY

Zip Code

42754-1479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325875

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**c. Douglas M McFarland MD**

Mailing Address 1502 E Main St

PO Box 338

City

Trinidad

State

CO

Zip Code

81082-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325455

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

990.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 51  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2013

**Transaction ID : C2325392**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2013

**Transaction ID : C2325963**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2013

**Transaction ID : C2339891**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Katherine Merrill MD**

Mailing Address 35798 Dow Ln

City

Astoria

State

OR

Zip Code

97103-8110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325945**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Andrew J Merritt MD**

Mailing Address 28 1/2 E Main St

City

Marcellus

State

NY

Zip Code

13108-1226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marcellus Family Medicine

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325999**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Aaron Arthur Meyer**

Mailing Address 3644 Hartford St

City

Saint Louis

State

MO

Zip Code

63116-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325429**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 51

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Johanna Meyer-Mitchell MD**

Mailing Address 2700 Grant St Ste 200

City State Zip Code  
 Concord CA 94520-2270

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Muir/Diablo Primary Care Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : C2325444**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Anne M Montgomery MD**

Mailing Address 1708 S Martin St

City State Zip Code  
 Spokane WA 99203-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 self physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 24 / 2013

**Transaction ID : C2337619**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dale C Moquist MD**

Mailing Address 4318 Lake Walk Ct

City State Zip Code  
 Missouri City TX 77459-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Memorial Family Medicine Residency Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.64

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : C2325968**

Amount of Each Receipt this Period

90.91

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

640.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Javette C Orgain MD**

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS COLLEGE OF MED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 10 / 2013

Transaction ID : C2343312

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Daniel J Ostergaard MD**

Mailing Address 14547 S Hagan St

City

Olathe

State

KS

Zip Code

66062-9001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325983

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Tomas P Owens MD**

Mailing Address 912 Fox Lake Ln

City

Edmond

State

OK

Zip Code

73034-7341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Integrus Health

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325995

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

995.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elissa J Palmer MD**

Mailing Address 2410 Fire Mesa St Ste 180

City

Las Vegas

State

NV

Zip Code

89128-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of NV School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2013

Transaction ID : C2331497

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Paul Henry Pappas MD**

Mailing Address 941 Clear Creek Dr

City

Texarkana

State

TX

Zip Code

75503-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2356281

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. PuiFun Lila Pappas MD**

Mailing Address 941 Clear Creek Dr

City

Texarkana

State

TX

Zip Code

75503-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325935

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

865.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kami S Phillips MD**

Mailing Address 25 Fieldstone Dr

City

Gardner

State

MA

Zip Code

01440-1283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325880**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Soujanya R Pulluru MD**

Mailing Address 3908 Littlestone Cir

City

Naperville

State

IL

Zip Code

60564-5915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2013

**Transaction ID : C2331490**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Phillip Ould Rawlings Jr**

Mailing Address 1120 Selma St

City

Mobile

State

AL

Zip Code

36604-2960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2013

**Transaction ID : C2325426**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City  
Dayton

State  
OH

Zip Code  
45410-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State University BSM

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

**Transaction ID : C2351616**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Ralph Nichols Riley MD**

Mailing Address PO Box 248  
109 Alamo Circle

City  
Saluda

State  
SC

Zip Code  
29138-0248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riley Family Practice Associates, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2013

**Transaction ID : C2325378**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Lewis Robinson MD**

Mailing Address 17501 Village Inlet Ct

City  
Fort Myers

State  
FL

Zip Code  
33908-7107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325994**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1465.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christienne A Sain**

Mailing Address 4751 High Grove Rd

City

Tallahassee

State

FL

Zip Code

32309-2976

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Patients First Medical Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2013

**Transaction ID : C2331482**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Sarah L Sams MD**

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

05 / 30 / 2013

**Transaction ID : C2338250**

Amount of Each Receipt this Period

122.00

Full Name (Last, First, Middle Initial)

**C. Dennis F Saver MD**

Mailing Address 1265 36th St  
Ste A

City

Vero Beach

State

FL

Zip Code

32960-6574

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCTC

Occupation

family physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325859**

Amount of Each Receipt this Period

380.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

867.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Curtis Donald Schultz MD**

Mailing Address 5042 Ridgeland Dr

City

Hickory

State

NC

Zip Code

28602-9413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2013

Transaction ID : C2331468

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Jon C Seager MD**

Mailing Address 602 Church St SW

City

North Canton

State

OH

Zip Code

44720-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Health Care Inc

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2013

Transaction ID : C2331495

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Alvia Habeeb Siddiqi MD**

Mailing Address 3100 Town Square Dr  
Unit 208

City

Rolling Meadows

State

IL

Zip Code

60008-2668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cook County Health System

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 16 / 2013

Transaction ID : C2331489

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph Douglas Smith MD**

Mailing Address 5722 Gardner Ln

City

Bridgewater

State

VA

Zip Code

22812-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	08	/	2013

**Transaction ID : C2325956**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Don A Solberg MD**

Mailing Address 106 W 9th Ave

City

Ellensburg

State

WA

Zip Code

98926-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kinnetas Valley Hospital

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	08	/	2013

**Transaction ID : C2326009**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Douglas Alan Spotts MD**

Mailing Address 45 Forestwood Dr

City

Lewisburg

State

PA

Zip Code

17837-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evangelical Community Hospital

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	01	/	2013

**Transaction ID : C2322370**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1370.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David H Stern MD**

Mailing Address 1218 Crenshaw Blvd

City

Torrance

State

CA

Zip Code

90501-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325448**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Suellywn Stewart MD**

Mailing Address 689 Cherrington Rd

City

Westerville

State

OH

Zip Code

43081-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LMH

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 22 / 2013

**Transaction ID : C2337160**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Glen R Stream MD**

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockwood Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 19 / 2013

**Transaction ID : C2333162**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

915.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Iris Sullivan MD**

Mailing Address 64 Whalon St  
155 Franklin Rd

City Fitchburg State MA Zip Code 01420-7138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : C2325881**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Erica Williams Swegler MD**

Mailing Address 300 N Rufe Snow Dr

City Keller State TX Zip Code 76248-4235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.09

Date of Receipt

05 / 20 / 2013

**Transaction ID : C2341679**

Amount of Each Receipt this Period

102.27

Full Name (Last, First, Middle Initial)

## **C. Lloyd P Van Winkle MD**

Mailing Address PO BOX 960

City Castroville State TX Zip Code 78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.50

Date of Receipt

05 / 10 / 2013

**Transaction ID : C2327761**

Amount of Each Receipt this Period

36.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

388.77

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robin Andrew Walker MD**

Mailing Address 2822 N Cardington Ct

City State Zip Code  
 Wichita KS 67205-2054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Family Med Program

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : C2325872**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Robert J Weber MD**

Mailing Address 1375 Meadowridge Rd

City State Zip Code  
 Watsonville CA 95076-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : C2326008**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. John M Westfall MD**

Mailing Address 12631 E 17Th Ave  
 Mail Stop F496

City State Zip Code  
 Aurora CO 80045-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Colorado Health

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 16 / 2013

**Transaction ID : C2331488**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1105.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 05 / 2013

Transaction ID : C2324610

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gustav C Wilde MD**

Mailing Address PO Box 773

City

Franklin

State

NC

Zip Code

28744-0773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franklin Family Ppractice

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 08 / 2013

Transaction ID : C2325900

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**C. Patricia R Witte MD**

Mailing Address 1022 Midland St

City

Madison

State

WI

Zip Code

53715-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Health Cooperative

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2013

Transaction ID : C2327920

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ashby Jane Wolfe MD**

Mailing Address 4378 17th St  
Apt A

City State Zip Code  
San Francisco CA 94114-1888

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 01 / 2013

**Transaction ID : C2322373**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Kevin Michael Wong MD**

Mailing Address 196 Connor Dr

City State Zip Code  
Jeannette PA 15644-1162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WPAHS

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2013

**Transaction ID : C2327958**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. James Anthony Yost MD**

Mailing Address 1020 Bradford Dr

City State Zip Code  
Roswell GA 30076-4223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physicians Immediate Med of Johns Cree

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2013

**Transaction ID : C2325421**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Teresa W Zryd MD**

Mailing Address 3409 Darbyshire Dr

City

Beavercreek

State

OH

Zip Code

45440-3674

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State University

Occupation

Physician/FM Residency Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2013

Transaction ID : C2328576

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

365.00

44136.39

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 51  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MAX BAUCUS**

Mailing Address PO BOX 586

City  
HELENAState Zip Code  
MT 59624FEC ID number of contributing  
federal political committee.

C C00328211

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		31		2013

Transaction ID : C2356901

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 51

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 03 2013

Transaction ID : D145483

Amount of Each Disbursement this Period

141.86

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 06 2013

Transaction ID : D145484

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 06 2013

Transaction ID : D145485

Amount of Each Disbursement this Period

2.11

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.97

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 51

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2013

Transaction ID : D145686

Amount of Each Disbursement this Period

14.77
-------

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2013

Transaction ID : D145687

Amount of Each Disbursement this Period

51.56
-------

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2013

Transaction ID : D145688

Amount of Each Disbursement this Period

7.31
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

73.64
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

84.73

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

1.37

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

13.54

99.64





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. THE MARKEY COMMITTEE**

Mailing Address PO Box 290782

City	State	Zip Code
Charlestown	MA	02129

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Edward J. Markey**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼  
Special

State: MA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

**Transaction ID : D145885**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Kevin Brady**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

**Transaction ID : D145864**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Kevin McCarthy**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

**Transaction ID : D145862**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LOIS CAPPs**

Mailing Address PO Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Lois Capps**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

**Transaction ID : D145863**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. NITA LOWEY FOR CONGRESS**

Mailing Address PO Box 271

City	State	Zip Code
White Plains	NY	10605

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Nita M. Lowey**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

**Transaction ID : D145861**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5th Avenue South

City	State	Zip Code
La Crosse	WI	54601

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Ron Kind**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

**Transaction ID : D145866**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LEVIN FOR CONGRESS**

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Sander M. Levin**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

**Transaction ID : D145865**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. SEARCHLIGHT LEADERSHIP FUND**Mailing Address 426 C St NE  
Rear Building

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

**Transaction ID : D145868**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DICK DURBIN COMMITTEE**

Mailing Address PO BOX 1949

City	State	Zip Code
SPRINGFIELD	IL	62705

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Richard J. Durbin**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

**Transaction ID : D145867**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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23500.00
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